Results The scenario scores increased from an average of 81.75% to 96.75%. The audit scores increased from 63% to 100%.
Conclusions A combination of the comprehensive guidance, including the Post Falls Pathway and staff education (including how to safely manoeuvre a patient after a fall), has demonstrated an increase in confidence and consistency of assessment and has reduced the risk of harm. Our approach has demonstrated that the introduction of the pathway has significantly improved the safe management of patients who have experienced a fall.

P-146 OUR QUALITY IMPROVEMENT JOURNEY AT HOSPICE ISLE OF MAN: SMALL CHANGES NEED SMALL STEPS

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Background In June 2021, the hospice began delivering our first ever Quality Improvement (QI) Programme. We had observed an environment that was innovative in research and could be innovative in QI. We all 'improved quality' but did we use QI as a framework for that improvement?
Aims Our shared vision was to integrate QI into the normal working day, within a culture of continuous improvement (National Advisory Group on the Safety of Patients in England, 2013). We have now launched our QI journey with our first sequential and small steps; a QI Programme and QI Champions.
Methods The programme was delivered over four days to clinical and non-clinical staff; motivated and energetic people from every department in Hospice. We delivered QI technical skills (Institute for Healthcare Improvement. How to improve [The Model for Improvement]) blending theory and practice, whilst also focusing on wider topics which support QI landing successfully in the day job. This included improvement leadership (Øvretveit, 2009), human factors (National Quality Board, 2013) and team work (Montgomery, Parkin, Chisholm, et al., 2020). These specific topics were chosen by the participants, so the programme was bespoke to their learning needs and overall the programme was designed to be a fun and interactive environment.
Results We commenced evaluation with a pre-course self-assessment of QI knowledge, skills and confidence. This was repeated at the end of each facilitated day and will be concluded by a post-course self-assessment. The first cohort completes in September 2021 and we will have the programme evaluation completed the same month.
Conclusions We anticipate participants will have improved QI knowledge, skills and confidence which will enable them to actively use QI in their normal working day and will also transition to become QI Champions. The QI Champion is a new role being designed to support other staff, encourage momentum and be a key part of building a network of QI Champions. We would like to share our story so far and future system plans. Sharing, learning, improving.

P-147 ABSTRACT WITHDRAWN

P-148 INPATIENTS HOSPICE ADMISSIONS, WHO IS ADMITTED AND WHY: A MIXED METHOD PROSPECTIVE STUDY

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Background Across the UK, more people are projected to die in community settings over the next two decades. The role of the hospice inpatient unit (IPU) needs to be better understood in light of these shifts. The term *complex needs* is used for patients admitted to IPU, however, there is little clarity around these needs and how they trigger admission.
Aim To understand why patients are admitted to IPU and to describe the palliative care services available to them beforehand.
Method Prospective mixed methods study. Data were collected in two hospices in one city of Scotland. We examined case notes of 259 patients admitted to the IPU over four months and conducted 40 semi-structured interviews. (22 patients or a relative proxy, 11 health care professionals, 7 pro-forma interviews-source of referrals).
Results Mean age was 71 years, 53% were female; 47% male. Most patients admitted were Scottish or White British (95%). Most were living with another person at the time of admission (72%); 28% lived alone. The vast majority had cancer (95%). Phase of illness was judged as deteriorating or unstable for over two-thirds at the time of admission. Most patients were receiving specialist palliative care support prior to admission – 73% had a community palliative care CNS (Clinical Nurse Specialist). Just under half had district nurse support (48%). Over one-fifth (21%) had no prior community palliative care involvement; most of these patients were referred from the hospital (81%). Length of stay was 12 days (median). 68% of admissions were for end-of-life care, with the patient dying during the admission. The hospice inpatient unit was the documented preferred place of death for 56% who died in that location.

Thematic analysis of the qualitative data identified the key reasons for admissions, symptom control, anxiety and fear, social isolation and end-of-life care.
Conclusion

- Admission to inpatient hospice is a last resort and often a response to a crisis situation.
- Greater palliative care support in home settings is needed so that more patients can remain at home when that is their preference.

P-149 A REVIEW OF OUTCOME MEASURES USED BY SPEECH AND LANGUAGE THERAPISTS IN ADULTS UNDER PALLIATIVE CARE

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Introduction Little is known about the use of outcome measures (OM) by Speech and Language Therapists (SLTs) in palliative care. This review aimed to identify studies using validated OMs in adults receiving palliative care, and to